



HALON/CO₂/OTHER AGENT SYSTEM
(One System per Report)

Occupancy Address: _____	Occupancy Name: _____
Responsible Person: _____	Phone Number: _____
Building Owner: _____	Phone Number: _____
Building Owner Address _____	
Date of Inspection: _____ Type of Inspection: Quarterly <input type="checkbox"/> Annual <input type="checkbox"/> Acceptance <input type="checkbox"/> Other <input type="checkbox"/>	
Testers Name (Please Print): _____	SFD Certification Number: _____

Extinguishing Agent	Weight of Bottle(List Each) _____ Design Weight of Full Bottle _____
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Date of Last Hydrostatic Test on Bottle(s) _____

Control panel manufacturer _____	Model No. _____
No. of initiating circuits _____	No. of signal circuits _____

Battery voltage _____ volts	Charge circuit voltage _____ volts
Battery voltage under full load _____	volts (A/C power off)

- | | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 1. Trouble signal with AC power off: | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 2. System operates satisfactory on standby power | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 3. All signals operate on AC power..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
| 4. Does system meet audibility standards..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 5. All circuits checked for electrical supervision..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 6. Control panel checks made per manufacturer's instructions..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 7. All auxiliary equipment operates: (Doors, fans, dampers)..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 8. Central station or remote connection:.....
Name of Monitoring Company _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 9. Key to panel available:..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 10. Operating instructions at panel? | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 11. Test record posted at panel:..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | N/A <input type="checkbox"/> |
| 12. Service label posted?..... | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |

RE: HALON/CO2/OTHER AGENT (continued): EQUIPMENT TESTED

TYPE OF EQUIPMENT	NUMBER OF UNITS TESTED	<u>SATISFACTORY</u>			NO. OF UNITS IN BUILDING
		YES	NO	N/A	
Bells, Horns, Chimes Voice Alarm Speakers					
Visual Alarm Devices					
Trouble Indicators					
Heat Detector(s)					
Super Switches (auto. sprinkler)					
Smoke Detector(s)					
Manual Pull Stations					
Ventilation Controls Operate					
Central Station					
Annunciators					
Elevator Call Down					
Auto Sprinkler Flow Switches					
Fire Dampers/Smoke Dampers					
Phone Jacks					
Auto. Door Unlocks(Failsafe)					
Auto Door Release					
Other					

Problems Found:

Corrections Made: Date Corrected: _____ Corrected By: _____

SIGNATURE OF TESTER _____

AGENCY _____ PHONE _____

MAILING ADDRESS _____